



Company Name:			Telephone: ( ) ( )	Fax: ( ) ( )	
Billing Address:			Physical Address:		
City:	State:	Zip:	City:	State:	Zip:
Nature of Business:			Number of Years in Business:		
Invoice(s) Submission/Portal Email address:			Tax ID #:		
Phone #:			D&B #:		
Website/Email:					

**OWNERSHIP****Bank Information**

Corporation	Partnership	Bank Name:
Proprietorship	Individual	
Name (President):		Telephone: ( ) ( )
Name (Vice President):		Account Representative:
Name (Secretary):		Account #:

**Accounting/Finance**

Accounts Payable	Email:	Telephone:
Accounting Manager/Supervisor	Email:	Telephone:
Controller/Director of Accounting/CFO	Email:	Telephone:

**REFERENCES**

Name:	Telephone: ( ) ( )	Fax: ( ) ( )	
Address:	City:	State:	Zip:
Name:	Telephone: ( ) ( )	Fax: ( ) ( )	
Address:	City:	State:	Zip:
Name:	Telephone: ( ) ( )	Fax: ( ) ( )	
Address:	City:	State:	Zip:

**THE UNDERSIGNED AGREES TO THE FOLLOWING TERMS:**

1. Upon review of this document, payment terms will be provided and the undersigned agrees to abide by these terms.
2. Delinquent payments will be reported to the Dunn & Bradstreet Credit Bureau and payment terms will be reviewed and or revoked.
3. A finance charge of 1½% per month will be assessed for PAST DUE invoices and the undersigned agree to pay such charges.
4. In the event of default the undersigned agrees to pay all collection and or attorney costs.
5. That all of the information provided is complete, true and correct and that the undersigned is authorized in their capacity to agree to this contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_